

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	2011		05-17-01
<b>O.I.P.E. CLASSIFIER</b>		43	6/1/01
<b>FORMALITY REVIEW</b>	TM	50-2641	8/12/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	11	55	
2	22	23	
3	33	34	
4	44		
5	55		
6	66		
7	77		
8	88		
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12	122		
13	133		
14	144		
15	155		
16	166		
17	177		
18	188		
19	199		
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21	211		
22	222		
23	233		
24	244		
25	255		
26	266		
27	277		
28	288		
29	299		
30	300		
31	311		
32	322		
33	333	15	
34	344		
35	355	61	
36	366		
37	377		
38	388	✓	
39	399	✓	
40	400	✓	
41	411	✓	
42	422	✓	
43	433	✓	
44	444	✓	
45	455	✓	
46	466	✓	
47	477	✓	
48	488		
49	499		
50	500		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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